



HAMPSTEAD FURY REGISTRATION AND WAIVER FORM

Associated with Hampstead Baseball and Softball Association
(NCGFP, 2376 Harvey Gummel Road, Hampstead, MD 21074)
ncgfp@qis.net

NAME: _____ DOB: ____/____/____
(Print Athlete's Full Name)

Address: _____

City: _____, State: _____, Zip: _____

Home Phone # : (____) _____ E-Mail: _____

Cell Phone #: (____) _____ Additional E-Mail: _____

IT IS RECOGNIZED THAT THE SOFTBALL ATHLETE MUST COMPLY WITH THE RULES OF THE NORTH CARROLL GIRLS' FAST PITCH, INC. (WHICH IS HEREAFTER REFERRED TO AS NORTH CARROLL/AKA FURY) AND/OR ITS' STAFF. IT IS ALSO UNDERSTOOD THE STAFF WILL REQUIRE A POSITIVE ATTITUDE FROM BOTH PALYERS AND PARENTS. FAILURE TO COMPLY WITH THE RULES OF THE ORGANIZATION OR THE STAFF COULD RESULT IN SUSPENSION OR REMOVAL.

NORTH CARROLL GIRLS' FAST PITCH, INC. WAIVER STATEMENT

THE REGISTERED SOFTBALL ATHLETE AND I/WE, PARENT/GUARDIAN OF THE ABOVE NAMED REGISTERED ATHLETE, DO HEREBY STATE THAT THE ABOVE NAMED REGISTERED ATHLETE IS PHYSICALLY FIT TO PARTICIPATE IN ANY & ALL ACTIVITIES OF THE REGISTERED SOFTBALL ATHLETE AND I/WE UNDERSTAND THAT THERE WILL ALWAYS BE AN INHERENT RISK, AND/OR POSSIBLE INJURY ASSOCIATED WITH PARTICIPATION IN ANY ATHLETIC ACTIVITY AND WILLINGLY ASSUME ALL INHERENT RISKS AND/OR INJURIES DURING ANY ACTIVITIES OF THE NORTH CARROLL/ FURY.

THE REGISTERED SOFTBALL ATHLETE AND I/WE GIVE CONSENT TO NORTH CARROLL/FURY FOR EMERGENCY FIRST AID AND/OR MEDICAL TREATMENT TO THE ABOVE LISTED PLAYER/ATHLETE AS APPROVED BY NORTH CARROLL/FURY STAFF, IN CASE OF ILLNESS OR INJURY WHILE PARTICIPATING IN THE NORTH CARROLL/FURY ACTIVITIES. THE REGISTERED SOFTBALL ATHLETE AND I/WE, PARENT/GUARDIAN OF THE ABOVE NAMED REGISTERED PLAYER/ATHLETE, DO HEREBY, IN CONSIDERATION OF PERMITTING THE ABOVE LISTED ATHLETE TO WILLINGLY PARTICIPATE IN THE NORTH CARROLL/FURY, FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS, WAVE AND RELEASE ALL RIGHTS AND CLAIMS THAT I/WE MIGHT HAVE AGAINST NORTH CARROLL/FURY, ITS' STAFF, ITS' VOLUNTEERS, ITS' SPONSORS, ITS' AGENTS OR REPRESENTATIVES, FOR ANY AND ALL INJURIES OR LOSSES SUSTAINED ARISING OUT OF ANY INJURIES OR LOSSES SUFFERED BY SAID ATHLETE WHILE PARTICIPATING AND DO HEREBY HOLD HARMLESS AND TO INDEMNIFY IT FROM AND ON ACCOUNT OF ANY DAMAGE OR LOSS SUFFERED OR SUSTAINED DURING THE NORTH CARROLL/FURY BY REASON OF SAID REGISTERED/LISTED ATHLETE BEING INJURED.

SIGNATURE: SOFTBALL ATHLETE

DATE

SIGNATURE: PARENT/GUARDIAN

DATE

Cost (Two girls same family \$10.00 discount)
4- 6U (Shortcakes Local) \$40
8U (In-House Travel) \$85
10U (In-House Travel) \$95
12U (In-House Travel) \$100
14U (In-House Travel) \$100

I would like to volunteer for:
Head Coach: _____
Assist Coach: _____
Field Maintenance: _____
Umpire (8U): _____

Please make checks payable to: Ncgfp, Inc.

I or my company would like to make a donation or sponsor a team (\$250). This is tax deductible.

Contact: _____ (North Carroll Girls' Fast Pitch, Inc. is a 501(c)3 Org.)

ALLERGIES, ALLERGIC REACTION TO ANY MEDICATION, AND/OR ANY CURRENT MEDICAL CONDITION, MEDICAL ALERTS ARE TO BE DOCUMENTED ON THE BACK OF THIS FORM.